

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

#1368

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Drive, Third Floor Baton Rouge, Louisiana 70808 Phone (225)763-8777 or 1(800)842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

**FOR OFFICE USE ONLY**

Postmark

Date: 9-7-07

Suppl

1. NAME Martinez Ginny Hannett  
Last First MI2. BUSINESS PHONE 225.344.03813. BUSINESS ADDRESS 521 Laurel Street Baton Rouge LA 70801  
Street and No. City State ZipMAILING ADDRESS same as above  
Street and No. City State Zip4. EMPLOYER Harries, DeVillie & Associates, Inc.5. EMPLOYER'S ADDRESS 521 Laurel Street Baton Rouge LA 70801  
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No ☒

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating;
8. (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Ochsner Health Systems

Address 1514 Jefferson Highway, New Orleans LA 70121

Business or purpose Health care

☒ New Representation  
Does this person pay you? yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

2007 SEP -7 PM 1:28

RECEIVED

SUPPLEMENTAL REGISTRATION FORM

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

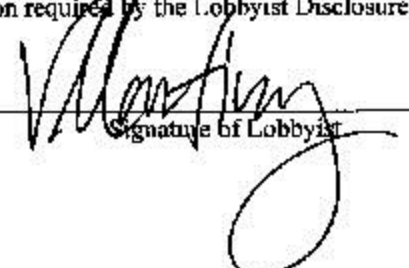
☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Lobbyist